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CONFIRMATION NO. 6065

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|--|---|-------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>10/531,754   | <b>FILING OR 371(c) DATE</b><br>04/18/2005<br><b>RULE</b>   | <b>CLASS</b><br>546           | <b>GROUP ART UNIT</b><br>1625   | <b>ATTORNEY DOCKET NO.</b><br>2439 US F                    |
| <b>APPLICANTS</b><br>Peter G. Klimko, Forth Worth, TX;<br>David P. Bingaman, Forth Worth, TX;  |   |                               |   |  |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/US03/34617 10/30/2003<br>which claims benefit of 60/425,574 11/12/2002<br><b>** FOREIGN APPLICATIONS *****</b>   |   |                               |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>TX | <b>SHEETS DRAWING</b>   | <b>TOTAL CLAIMS</b><br>6<br><b>INDEPENDENT CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>Alcon Research<br>6201 South Freeway<br>Fort Worth ,TX 76134-2099  |   |                               |   |  |
| <b>TITLE</b><br>Histone deacetylase inhibitors for the treatment of ocular neovascular or edematous disorders and diseases   |   |                               |   |  |
| <b>FILING FEE RECEIVED</b><br>500  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |